

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09832410</b>	FILED DATE				
APPLICANT(S)												
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1	1				52					
3		1		1			53					
4		1		1			54					
5	1		1				55					
6		1		1			56					
7		1		1			57					
8		1		1			58					
9	1		1				59					
10		1		1			60					
11		1		1			61					
12		1		1			62					
13							63					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3	1	3	1		1	TOTAL IND.		1		1	1
TOTAL DEP.	9		8				TOTAL DEP.					
TOTAL CLAIMS	12		11				TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1350 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE  
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